

## LICENSED ASSOCIATE COUNSELOR (LAC)

### EVALUATION

Evaluation for \_\_\_\_\_  
Last First Middle License Number

DUE \_\_\_\_\_ SUPERVISION AGREEMENT EXPIRES \_\_\_\_\_

Supervision Period from \_\_\_\_\_ To \_\_\_\_\_  
Date Date

Indicate your appraisal of the supervisee's expertise in the areas indicated below. Please be assured that the format provided does not preclude any additional information you may wish to provide by letter.

Leave any items blank if you do not feel you have enough information to respond. Rate this applicant using the following five point scale:

Unsatisfactory	Needs Improvement	Average	Above Average	Excellent
(1)	(2)	(3)	(4)	(5)

I. How do you see this applicant in relation to the following interpersonal skills?

- \_\_\_\_\_ 1. Dealing with authority
- \_\_\_\_\_ 2. Ability to use supervision well
- \_\_\_\_\_ 3. Attitude toward supervision
- \_\_\_\_\_ 4. Peer relations, professional
- \_\_\_\_\_ 5. Professional manner
  - \_\_\_\_\_ a. Personal, individual
  - \_\_\_\_\_ b. Role-presented to community
- \_\_\_\_\_ 6. Knowledge/application of professional ethics
- \_\_\_\_\_ 7. Other (Specify) \_\_\_\_\_

II. How would you describe this person's intra personal strengths/weaknesses?

- \_\_\_\_\_ 1. Professional sophistication (vs. Naivete)
- \_\_\_\_\_ 2. Ability to handle anxiety
- \_\_\_\_\_ 3. Readiness to learn in an experiential setting
- \_\_\_\_\_ 4. Integration of significant life experiences
- \_\_\_\_\_ 5. Other (Specify) \_\_\_\_\_

III. What is your appraisal of this applicant's intervention skills in the areas below?

- \_\_\_\_\_ 1. Ability to use assessment instruments
  - \_\_\_\_\_ a. Individual
  - \_\_\_\_\_ b. Group
- \_\_\_\_\_ 2. Basic interviewing skills (Listening, responding, goal setting)
- \_\_\_\_\_ 3. Individual counseling skills
- \_\_\_\_\_ 4. Group counseling skills
- \_\_\_\_\_ 5. Relationship counseling skills
  - \_\_\_\_\_ a. Family
  - \_\_\_\_\_ b. Couples
  - \_\_\_\_\_ c. Work, peer
- \_\_\_\_\_ 6. Skills in conducting personal effectiveness training groups (TA, assertive, parent training, decision making, et cetera)
- \_\_\_\_\_ 7. Consultation with others
- \_\_\_\_\_ 8. Evaluation and follow-up
- \_\_\_\_\_ 9. Other (Specify) \_\_\_\_\_

IV. From your knowledge of this person, what specific suggestions do you make for special attention or improvement during the next six month period?

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

V. Additional comments:

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisee Signature \_\_\_\_\_ Date \_\_\_\_\_

FAX NOT ACCEPTABLE. MAIL ORIGINAL SIGNATURE FORMS

LICENSED ASSOCIATE COUNSELOR (LAC) REPORT  
CLIENT CONTACT HOURS (CCH) AND SUPERVISION HOURS  
**Fax Not Acceptable- Send Original Signature**

Due \_\_\_\_\_ Supervision Agreement Expires \_\_\_\_\_

Supervision from \_\_\_\_\_ To \_\_\_\_\_  
Date Date

Number of Client Contact Hours for 6 month reporting period \_\_\_\_\_

Number of Individual (*face to face*) Supervision Hours \_\_\_\_\_

Number of Group Supervision Hours \* \_\_\_\_\_

Phase I 1:10 ratio 1000 CCH & 100 Supervision Hours

Phase II 1:15 ratio 1000 CCH & 66 Supervision Hours

Phase III 1:30 ratio 1000 CCH & 33 Supervision Hours

\_\_\_\_\_ Hour Oral Examination  
**TOTAL 3000 CCH & 200 Supervision Hours Petition for LPC**

**\*No more than 50% of the total 199 supervision hours may be in Group format.**

The Supervisor and the LAC are responsible for the selection of group supervision hours as appropriate to the needs of the LAC and the clients of the LAC.

One year of supervised practice, mandated by Section 8g of Act 593 of 1979, is defined as one phase, (1000 CCH).

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisee Signature \_\_\_\_\_ Date \_\_\_\_\_

Received Board Office

Recorded By \_\_\_\_\_

*Date Stamp*

Date \_\_\_\_\_

*Revised 4/17/2003*

**TERMINATION NOTICE**

The Board is hereby notified that the Supervision Contract agreement is terminated between \_\_\_\_\_  
& \_\_\_\_\_ effective \_\_\_\_\_.

Date

Enclosed is the Client Contact Hours report and Final Evaluation from the last report submitted to the termination date \_\_\_\_\_.

_____ Supervisor Signature	_____ Date
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_____ Supervisee Signature	_____ Date
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